

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213519686

1.) CORPORATION NAME:

**NATIONAL COUNCIL FOR ADOPTION**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WAYNE W. SHARP  
225 N. WASHINGTON STREET  
ALEXANDRIA, VA**

SCC ID NO: **F1506312**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 N. WASHINGTON ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHARLES E JOHNSON  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 2964 HICKORY VALLEY DRIVE  
CITY/ST/ZIP/CO: WALDORF, MD 20601

NAME: WAYNE W SHARP  OFFICER  DIRECTOR  
TITLE: VICE CHAIRMAN  
ADDRESS: 4121 N RIVER ST  
CITY/ST/ZIP/CO: MCLEAN, VA 22102

NAME: HEIDI BRUEGEL COX  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 6300 JOHN RYAN DRIVE  
CITY/ST/ZIP/CO: FORT WORTH, TX 76132

NAME: KEVIN WREGE  OFFICER  DIRECTOR  
TITLE: CHAIRMAN  
ADDRESS: 4410 MASSACHUSETTS AVE, NW #150  
CITY/ST/ZIP/CO: WASHINGTON, DC 20016

NAME: WILLIAM BLACQUIERE  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 225 N. WASHINGTON STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314

NAME: BRIAN LUWIS  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 225 N. WASHINGTON STREET  
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314

NAME: DAVID MCCONKIE TITLE: DIRECTOR ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STACEY REYNOLDS TITLE: VICE CHAIRMAN ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM ROSEN TITLE: DIRECTOR ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LOUS STERN TITLE: DIRECTOR ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN SUNDAY TITLE: DIRECTOR ADDRESS: 225 N. WASHINGTON STREET CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHIL LITTLETON TITLE: TREASURER ADDRESS: 1195 CITY VIEW CITY/ST/ZIP/CO: EUGENE, OR 97402	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROSEMARY MCDONOUGH TITLE: DIRECTOR ADDRESS: 9 ELMWOOD AVENUE CITY/ST/ZIP/CO: NARBETH, PA 19072	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHARLES E JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES E JOHNSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/25/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		